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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)
VTN-585

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Johnson & Johnson Vision Care Inc.

and the title of my position with said assignee is: Assistant Secretary

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Douglas G. Vanderlaan, Frank Molock and Giancarlo Fruzzetti

Patent Number

6,031,059

Date of Patent Issued

February 29, 2000

Title of Invention

OPTICALLY TRANSPARENT HYDROGELS AND PROCESSES FOR THEIR PRODUCTION

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____

the specification of which



is attached hereto.



was filed on _____ as reissue application number _____ / _____
and was amended on _____

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)



by reason of a defective specification or drawing.



by reason of the patentee claiming more or less than he had the right to claim in the patent.



by reason of other errors.

At least one error upon which reissue is based is described as follows:

Substituent "X" is incorporated into Formula II of claims 3 and 10. Substituent "X" was never explicitly defined in the specification. Substituent "X" should be an oxygen atom.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) VTN-585									
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td>Karen Harding</td> <td>33,967</td> </tr> <tr> <td>Lois Gianneschi</td> <td>35,519</td> </tr> <tr> <td>Ruby T. Hope</td> <td>34,350</td> </tr> </table>				Name(s)	Registration Number	Karen Harding	33,967	Lois Gianneschi	35,519	Ruby T. Hope	34,350
Name(s)	Registration Number										
Karen Harding	33,967										
Lois Gianneschi	35,519										
Ruby T. Hope	34,350										
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">000027777</div> <p style="margin-left: 100px;">Type Customer Number Here</p> </div> <div style="text-align: center; margin-right: 20px;"> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <i>Place Customer Number Bar Code Label Here</i> </div> </div> <p style="text-align: center; margin-top: 10px;">OR</p>											
<input type="checkbox"/> Firm or Individual Name											
Address											
Address											
City	State	Zip									
Country											
Telephone		Fax									
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>											
Full name of person signing (given name, family name) Ruby T. Hope											
Signature		Date February 28, 2002									
Address of Assignee 7500 Centurion Parkway, Suite 100, Jacksonville, FL 32256											
Patentee		Citizenship									
Residence/Mailing Address											
Patentee		Citizenship									
Residence/Mailing Address											
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.											

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Douglas G. Vanderlaan et al.
Serial No. : 09/163,693 Art Unit: 1712
Filed : February 29, 2000 Examiner: M. Marquis
For : OPTICALLY TRANSPARENT HYDROGELS AND PROCESSES FOR
THEIR PRODUCTION

Commissioner for Patents
Washington, D.C. 20231

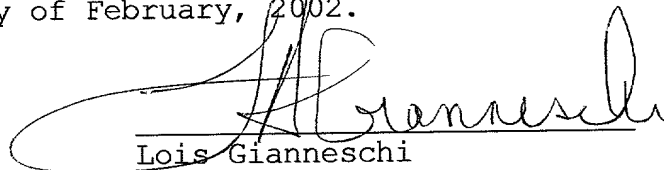
ASSOCIATE POWER OF ATTORNEY

Sir:

In the matter of the above-identified application, I hereby appoint Ruby T. Hope (Reg. No. 34,350), whose postal address is One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003, my associate attorney to prosecute said application, to make alterations and amendments therein, to file continuing applications claiming the benefit of said application, to receive the patent and to transact all business in the Patent Office connected with said application.

I request all communications with respect to said application be addressed to Philip S. Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933-7003. All telephone calls should be directed to Ruby T. Hope (732) 524-1024.

Signed at New Brunswick, in the County of Middlesex and State of New Jersey, this 28 day of February, 2002.



Lois Gianneschi
Reg. No. 35,519
Attorney for Applicant(s)

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(732) 524-6351
DATED: February 28, 2002